



Substitute for form 1449A/PTO INFORMATION DISCLOSURE STATEMENT BY APPLICANT <i>(use as many sheets as necessary)</i>				<i>Complete if Known</i>	
				Application Number	To Be Assigned
				Filing Date	Herewith
				First Named Inventor	BOTTOU ET AL.
				Group Art Unit	To Be Assigned
				Examiner Name	To Be Assigned
Sheet	1	of	2	Attorney Docket Number	112817CON-2 (ATT.0140002)

[illegible][illegible]

4/10/06

⁶ Applicant is to place a check mark here if English language Translation is attached.

Please type a plus sign (+) inside this box →



PTQ/SB/08A (08-00)

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Sheet	2	of	2	Attorney Docket Number	112817CON-2 (ATT.0140002)

[illegible]

Examiner Signature		Date Considered	4/10/26
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*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

¹ Unique citation designation number.

² Applicant is to place a check mark here if English language Translation attached.